



**NONRETIRED MEMBER  
CHANGE FORM  
(Name, Address, Marital Status,  
Defined Benefit  
[Pension] Beneficiaries)**

**INSTRUCTIONS:**

1. Please type or print clearly in black ink.
2. Contact URS for the correct form to change beneficiaries on URS Savings Plans.
3. For member name, address, or marital status changes complete Section A, **sign, and date Section C.**
4. For beneficiary changes read the reverse side of this form first, complete Section B, **sign and date Section C.**

<b>MEMBER INFORMATION - REQUIRED TO COMPLETE THIS FORM</b>				
Member Name (First, Middle, Last)	Daytime Phone (     )	Birth Date	Social Security Number	
<b>SECTION A - MEMBER CHANGES ONLY</b>				
<input type="checkbox"/> Member Name      From: _____ To: _____ <input type="checkbox"/> Mailing Address      From: (old) _____ To: (new) _____  <input type="checkbox"/> Marital Status <input type="checkbox"/> Married - List spouse's name and birth date _____ <input type="checkbox"/> Single <input type="checkbox"/> Divorced				
<b>SECTION B - DESIGNATION OF INDIVIDUALS AS BENEFICIARIES</b> - To name additional primary or contingent beneficiaries, attach a new page to this document include your name and Social Security number or account number, signature, and date.				
<b>I understand that this change will revoke all previous designations and will affect the way my benefits will be paid upon my death.</b>				
Designation	Full Given Name of Beneficiary	Relationship	Birth Date	Mailing Address
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City

**If a trust is designated as beneficiary (above), complete this section.**

Name of Trust: \_\_\_\_\_

Date Trust Established : \_\_\_\_\_

Name of Trustee(s) \_\_\_\_\_

Trustee Address \_\_\_\_\_

☐ Revocable Trust

☐ Irrevocable Trust (or becomes irrevocable, by its terms, upon the death of the member)

<b>SECTION C - SIGNATURE REQUIRED TO PROCESS THIS FORM</b>	
Member Signature	Date

Carefully read the following information on beneficiary designation before completing Sections B and C.

## Considerations When Naming Beneficiaries

1. **Contact URS for the correct form to change beneficiaries on 401(k), 457 plans, traditional and Roth IRAs.**
2. List *ALL* beneficiaries. Beneficiary payments are paid from the most recent beneficiary designation on file with URS.
3. Types of beneficiaries:
  - A. **Primary** - Person to receive the death benefits upon your death.
  - B. **Contingent** - Person to receive the death benefits upon your death if the primary beneficiary is deceased.
4. If you name multiple primary beneficiaries the proceeds will be split equally, unless otherwise instructed on the form.
5. If your primary beneficiary(ies) dies before you, and you have not named a contingent beneficiary, the proceeds will be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.
6. If you name a trust as beneficiary in Section B, be sure to list the name and date of the trust, the name and address of the trustee(s), and whether it is a revocable or an irrevocable trust (or becomes irrevocable, by its terms, upon the death of the member).
7. If you name minor children as beneficiaries, we will require legal guardianship papers for each of them if, at the time of your death, they are unmarried children under age 18 or dependent unmarried mentally or physically disabled children.
8. You may make changes to your personal information and defined benefit (pension) beneficiary designations at any time by submitting a *Non-retired Member Change Form* (MECF-1) to URS.
9. If you are completing this form as a power of attorney agent or guardian for a member, please attach a copy of your power of attorney or guardianship papers for our review.

## Special Conditions For Defined Benefit (Pension) Plan

***THIS BENEFICIARY CHANGE APPLIES ONLY TO THE DEFINED BENEFIT (PENSION) PLAN ADMINISTERED BY UTAH RETIREMENT SYSTEMS.*** If your employer provides additional term life insurance, you will need to file a beneficiary change with the carrier (e.g., PEHP, Educators Mutual or other carriers).

**Public Safety, Judges', and Firefighters' Retirement Systems:** There may be restrictions on who may be designated as a beneficiary. If you meet eligibility requirements, a monthly allowance will be paid to your spouse upon your death.



Utah Retirement Systems  
PO Box 1590  
Salt Lake City, Utah 84110-1590  
(801) 366-7720 or (800) 688-4015  
Fax (801) 366-7445 or (800) 753-7445  
[www.urs.org](http://www.urs.org)

## URS SAVINGS PLANS PERSONAL INFORMATION UPDATE

(for 401(k), 457, Traditional and Roth IRAs)

- INSTRUCTIONS:**
1. Use this form to change your name, mailing address, marital status and/or to designate primary and contingent beneficiaries for your URS Savings Plan(s).
  2. Review both sides of this form before completing.
  3. **Please type or print clearly in black ink.**
  4. If you fax this form, do not mail the original.

### SECTION A - MEMBER INFORMATION

Member Name (First, Middle, Last)	Daytime Phone Number	Birth Date	Social Security Number
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### SECTION B - REQUESTED CHANGES

<input type="checkbox"/> Update Name	From: _____	To: _____
<input type="checkbox"/> Update Mailing Address	From: <u>(old)</u> _____	_____
	Street or PO Box	City State Zip Code
	To: <u>(new)</u> _____	_____
	Street or PO Box	City State Zip Code
<input type="checkbox"/> Update Marital Status	Married - List spouse's name and birth date _____	
	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

### SECTION C - BENEFICIARY DESIGNATION

(Please review the reverse side of this form for important information regarding beneficiaries.) To name additional beneficiaries, attach another page to this sheet and include your name, Social Security number, date and signature.

This change is for:

- |   |    |                                      |  |
|---|----|--------------------------------------|--|
| <input type="checkbox"/> (401(k), 457, Traditional IRA, Roth IRA) | or | <input type="checkbox"/> 401(k) Plan | <input type="checkbox"/> Traditional IRA |
| All savings plans in which I participate                          |    | <input type="checkbox"/> 457 Plan    | <input type="checkbox"/> Roth IRA        |
- If no box is checked, all URS Savings Plans in which you participate will be affected by this change.
  - If you wish to designate different beneficiaries for each plan, you must complete a separate form for each plan.
  - To make beneficiary changes for your Defined Benefit (Pension) Plan, please call (801) 366-7770 or (800) 695-4877 to request a form.

I make the following beneficiary designations for my URS Savings Plan(s) indicated above. I revoke all previous designations and designate the following to receive my savings plan(s) benefits payable upon my death.

Designation	Full Given Name of Beneficiary	Relationship	Birth Date	Mailing Address
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				Street City State Zip
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				Street City State Zip
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				Street City State Zip
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				Street City State Zip
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				Street City State Zip

If a trust is designate as beneficiary ABOVE, complete this section.

Name of Trust	Date of Trust
_____	_____
Name of Trustee(s) _____	
Trustee(s) Address _____	
_____	

### SECTION F - SIGNATURE

Participant Signature	Date
_____	_____

## Considerations When Naming Beneficiaries

1. List *ALL* beneficiaries. Beneficiary payments are paid from the most recent beneficiary designation on file with Utah Retirement Systems (URS).
2. Types of beneficiaries:
  - A. Primary** - Person(s) to receive savings plan benefits upon your death.
  - B. Contingent** - Person(s) to receive savings plan benefits upon your death if the primary beneficiary is deceased
3. If you name multiple primary beneficiaries the proceeds will be split equally, unless otherwise instructed on the form.
4. If you designate no beneficiaries, or no beneficiaries survive you, the proceeds may be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.
5. If you name a trust as beneficiary be sure to provide the name and date of the trust, along with the name and address of the trustee.
6. The rules for payment of savings plan benefits to beneficiaries are different for spouse and non-spouse beneficiaries.
7. If you name minor children as beneficiaries, legal guardianship papers may be required for each child at the time of your death.
8. If you are completing this form as power of attorney or guardian on behalf of a member, please attach a copy of your power of attorney or guardianship papers.

*This beneficiary change applies only to the savings plans administered by URS.*

*To make beneficiary changes for your Defined Benefit (Pension) Plan, please call (801) 366-7770 or (800) 695-4877 to request a form.*